

Office of Fleet Administration
Department of General Services
802 Q Street
Sacramento, CA 95814

To be completed per Section 4106 of the State Administrative Manual.

DEPARTMENT NAME	REPORTING PERIOD <i>(Six Months)</i>
-----------------	--------------------------------------

This will certify that the organization named above has reviewed the usage of all passenger vehicles under its management as provided in State Administrative Manual Section 4106 and found that, with the exception of the vehicles listed below, the usage criteria has been met during the reporting period. Reference the OFA State Fleet Handbook.

[illegible]

<input type="checkbox"/> CHECK HERE IF MORE SPACE IS NEEDED AND CONTINUE ON REVERSE--INCLUDE ALL INFORMATION REQUIRED ABOVE		
SIGNATURE OF MANAGER CERTIFYING CORRECTIVE ACTION WILL BE TAKEN ON VEHICLES NOT MEETING USAGE CRITERIA		DATE SIGNED
TYPE OR PRINT NAME	TITLE <i>(Must be designated manager)</i>	ATSS TELEPHONE NUMBER